

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009454

Entity Name: AUROLIFE PHARMA LLC

Current Principal Place of Business:

279 PRINCETON HIGHTSTOWN RD
EAST WINDSOR, NJ 08520

Current Mailing Address:

279 PRINCETON HIGHSTOWN RD
EAST WINDSOR, NJ 08520 US

FEI Number: 26-2273768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title VPI
Name GORLA, GANGADHARA
Address 279 PRINCTON HIGHTSTOWN RD
City-State-Zip: EAST WINDSOR NJ 08520

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GANGADHARA RAO GORLA

V.P FINANCE

01/15/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date